

# **FREEDOM BOUND PROGRAM**

## **FY 2002 ANNUAL REPORT**

**Written by:**  
**David Miller, M.S., Ed.S., LPC**  
**Franca Eilers, RT2**

**December 27, 2002**

## **Table of Contents**

I. Introduction.....	2
II. Overview of the Freedom Bound Program.....	4
III. Review of FY 2002 Goals and Projects .....	6
IV. Assessment of Client Outcomes and Statistical Summary.....	8
V. Program Objectives and Projects for FY2003.....	9
VI. Summary.....	10
Footnotes.....	11
Contact Information.....	12

## I. INTRODUCTION

The Freedom Bound Dual Diagnosis Program consists of a comprehensive array of services for clients of the St. Louis Psychiatric Rehabilitation Center (SLPRC). These services include the following:

- An intensive Psychosocial Dual Diagnosis treatment service for clients with a severe mental illness and substance abuse or addiction.
- A multiphase program consisting of three 16-week intensive phases providing information on substance abuse and addiction, mental illness, the role of proper nutrition and leisure activities in the recovery process, and peer support.
- A variety of aftercare groups offering clients individualized selection of follow-up support and treatment designed to best meet their individual needs.
- Linkage to community substance abuse agencies and support groups through an out-trip option group, open in-facility AA and NA meetings, and a non-12-step consumer run support group.

The rate of substance abuse is particularly prevalent among those clients committed to the Department of Mental Health as Not Guilty by Reason of Mental Disease or Defect (NGRI). The statewide study indicated that 59% of NGRI clients were in need of substance abuse treatment compared to only 20% of non-forensic clients.<sup>4</sup> The February 1993 SLPRC study indicated that 84% of NGRI clients at SLPRC had a history of substance abuse. In addition, 66% of NGRI clients had some form of substance abuse diagnosis. Twenty-three percent (23%) of the inpatient clients present at that time had conditional releases previously revoked for factors associated with substance abuse.<sup>5</sup> In the first 3 months of the 1993 fiscal year, SLPRC records indicated that 8 out of 9 re-hospitalizations were associated with factors related to substance use.

Additionally, “since the early 1980’s, reports in the mental health literature of patients showing evidence of alcohol and/or other substance use disorder in addition to mental illness have been increasing. The drug user treatment literature also reports a high prevalence of mental disorders combined with addictive disorders. A recent report indicated that Adults who used illicit drugs were twice as likely to have a serious mental illness as those who did not.<sup>8</sup> This same study indicated a strong correlation between substance dependence or abuse and serious mental illness. Over 20% of those with a serious mental illness were dependent or abuse illicit substances compared with an average of slightly over 6% of the general population. The indications of elevated prevalence of co-occurring disorders is best understood as a real trend resulting from the convergence of two events. The spread of drug use from addict to mentally ill sub-populations on one hand, and the entry into the drug user treatment system of people with serious mental illness, on the other hand.”<sup>6</sup>

As a result of these findings from both local and statewide need assessments, the Psychosocial Rehabilitation Committee recommended that each of the four long-term facilities offer intensive substance abuse treatment services. SLPRC’s

response to this need, was the development of the Freedom Bound Dual Diagnosis Program which began operation in September of 1994.

This report summarizes the operation of the Freedom Bound Dual Diagnosis Program during FY 2002. It includes an overview of the service as it is currently structured, evaluation of goals and process issues for FY 2002, analyses of client outcomes, and goals/projects for FY2003.

## II. OVERVIEW OF THE FREEDOM BOUND PROGRAM

The Freedom Bound Program meets the substance abuse treatment needs of SLPRC clients by providing a continuum of Dual Diagnosis treatment services for clients with a serious mental illness and a history of chemical abuse or dependency. The Program also includes linking clients to appropriate community resources upon discharge. The ultimate goal of the Program is to assist clients in developing healthy lifestyles, free of the influence of illicit drugs and alcohol and the effects these substances have upon their mental illness.

To achieve this goal, the Freedom Bound Program currently offers six levels of services. The *first level* is called Phase 1 and is an intensive 16-week program using a psychosocial/psycho-educational format. Phase 1 meets twice per week and each of the two days consists of two 90-minute sessions. Core content areas of this level include (a) information on substance abuse and mental illness, and their interaction; (b) information on how to achieve and maintain a sober lifestyle through healthy nutrition and leisure habits.

Phase 2 forms the *second level* of the program. This 16-week group meets once a week for 3 hours and focuses in more depth on the information presented in Phase 1. Important areas are covered using a variety of methods with an increased emphasis on group discussion.

The *third level* consists of Peer Support Skills Group. This 16-week group meets once per week for 90 minutes and prepares clients for participation in a “support group” and introduces “stretches” designed to challenge the clients by setting short-term goals for themselves on a weekly basis.

The *fourth level* in the continuum of services is linkage to ongoing aftercare groups within SLPRC. Currently these consist of evening and daytime AA and NA groups and a consumer run non-12 step support group called Circle of Recovery with additional groups being planned. “Several meta-analytic reviews of the research on AA have concluded that AA attendance and involvement are positively related to improved functioning (e.g., Emerick et al., 1993; Tonigan et al., 1996). More recently, two large multi-site clinical trials have reported this same general finding, in addition to adding to our understanding as to how formal treatment can facilitate engagement in AA after treatment. AA attendance was significantly related with reduced frequency and intensity of drinking after treatment.”<sup>7</sup>

The *fifth level* of service is optional to all clients with Community Escort privileges. The Out-trip Option group takes clients who wish to do so, to outside AA, NA, and sober community social activities in the community. Clients in the out trip program are required to attend one of these out trips monthly. If they wish to voluntarily attend additional out-trips, this is possible after discussion with the Freedom Bound staff, there is no conflict with other groups and staff is available.

The *sixth level* of service consists of the Relapse Recovery group. This group is specifically designed for those clients who have completed Phase 1 and 2 and

Peer Support Skills Group but have either had a substance relapse while in the facility, or who have been discharged but brought back to the facility due to a substance relapse. Clients attend for 90 minutes once a week until they have achieved 6 months of clean and sober time. Special attention is focused on relapse recovery issues and at the end of the 6 months the client is returned to a regular aftercare group.

In addition to these “Main” groups, Freedom Bound operates two 8-week Dual Diagnoses “Issues” groups held on the Forensic Evaluation unit and the Social Learning Program unit. This group was created for those clients who either needed an introductory program before attending Freedom Bound or are currently inappropriate for the intensive program due to either mental status or short expected length of hospitalization.

All St. Louis Psychiatric Rehabilitation Center clients are eligible for Freedom Bound services. Clients receiving the highest priority for services are those who are or will be eligible for discharge in the near future who have a significant substance use history, and those clients who were re-hospitalized primarily for substance abuse while in the community. Another high priority are clients for whom substance use has played a role in either previous hospitalizations or if forensic their index crime. Clients must have a history of substance use above that of experimentation, in addition to their Axis I and/or Axis II psychiatric diagnosis.

Program staff consists of three full-time dual diagnosis counselors and guest lecturer services from Dietary. The Director of Hospital Wide Services serves as a co-leader for some of the Freedom Bound groups and along with the Central Activity Supervisor provides additional staff coverage as needed. Other disciplines also may teach selected modules of the program. However in September one of the full time staff will be leaving and at the time of the start of the new fiscal year no assurances had been received that we would be able to replace the staff member leaving.

### **III. REVIEW OF FY 2002 PROGRAM OBJECTIVES**

**Objective #1:** Continue to explore options to alleviate the overcrowding in the Freedom Bound aftercare groups.

This continues to be a difficult issue as we have been reluctant to expand the number of aftercare groups from the current 6 due to limited staffing. Current aftercare groups consist of 3 Narcotics Anonymous and 2 Alcoholics Anonymous as well as one peer run non-twelve step support group called Circle of Recovery.. A decision was made that sometime in FY2003 a Dual Recovery Anonymous group will be established when staffing allows. The Out Trip Option group which takes clients to 12 step meetings in the community will also be reestablished when staffing permits. Overcrowding currently exists in 4 of the current 6 aftercare groups as most nights there is only one staff member present. The Daytime NA group and the Circle of Recovery group are both currently at 8 clients each. The Thursday Evening AA group has 13 clients, The Daytime AA group has 14 clients, The Tuesday Evening AA group has 16 clients and the Monday evening NA group has 18 clients attending. These numbers do not include the number of people from the community.

**Objective #2:** Implement a method of tracking independent AA/NA attendance in the community by clients on Partial Conditional Releases.

This issues has been deferred to a future date.

**Objective #3:** Maintain professional credential requirements (i.e., accumulating required CEU's) despite current budgetary constraints which have precluded staff attending any training that would incur any cost to the facility.

Greater efforts have been made to take advantage at in-service opportunities within the facility.

**Objective #4:** Continue Freedom Bound's practicum affiliation w/ SIU-E.

This has been done and continues to be highly successful. During the past year we have had three students from the Masters level Psychology program at SIU-E. Each student worked between 3 to 4 months an average of 12 hours per week in the Freedom Bound program assisting in group preparation and operation as well as conducting assessments under the supervision of Freedom Bound staff. Information from SIU-E indicates that SLPRC and the Freedom Bound program in particular has become one of their most highly recommended sites for their students.

**Objective #5:** Update the Freedom Bound video library.

Some low cost videos on AIDS were obtained from the Red Cross.

**Objective #6:** Incorporate standardized assessment tools (i.e., those being used by the STAR program) into Freedom Bound's assessment procedure.

Use of a general standardized assessment has been postponed due to the additional time requirement it would place on the limited staff at present.

**Objective #7:** Find and train a replacement for Bruno Sonnino (who will be leaving SLPRC at the end of August 2002) without disrupting current Freedom Bound programming.

At the end of the Fiscal Year we had not received a commitment to being able to hire a replacement for Bruno. Cutbacks were made eliminating several groups with plans to re-establish them once we were again at full staffing. These were the Issues groups on Wards F and G and the Out Trip Option group taking clients to 12 step meetings in the community.

**Objective #8:** Continue Freedom Bound's involvement in discharge planning for clients who have received its services.

This continues using procedures established which appear to be working well. During this fiscal year there were meetings on 12 client's regarding conditions for Partial Conditional Releases and Conditional Release meetings on 14 clients. Of these 14, eight clients were discharged during this fiscal year.

**Objective #9:** Continue Freedom Bound's networking with community agencies & other state facilities to better facilitate client movement between facilities & better transitioning following discharge.

Freedom Bound staff are continuing to maintain close contact with staff from the other state facilities and will work with other agencies through the discharge planning process. No site visits between facilities were held this year, however staff attempted to coordinate transfer of clients via e-mail. This has been particularly useful and primarily involved communication with the Dual Diagnosis staff at Fulton State Hospital.



#### **IV. ASSESSMENT OF CLIENT OUTCOMES AND STATISTICAL SUMMARY**

Review of available research continues to indicate that a return to substance use is a major factor in a return to hospitalization. For that reason the relapse of substance use continues to be a major outcome measure. A study of over 300 clients in 26 public outpatient programs looking at relapse rates differences for men and women found an average 6 months relapse rate of 22% for women and 32 percent for men.<sup>9</sup> These clients were not dually diagnosed.

During FY 2002 an average of 78 clients had completed the intensive Phases (I, II, and Peer Support) and were participating in some inpatient aftercare component of the Freedom Bound program. During that same period of time a total of 4 inpatient clients who had completed the intensive program relapsed in substance use. This is a inpatient relapse rate of 5%. These clients entered the Relapse recovery program and were asked what they felt the reasons were for their relapse. Generally these responses fell into two categories. The first being a sense of hopelessness about discharge and the second a sense of fear of discharge and doubts about being able to succeed in the community.

During FY2002 a total of 10 clients who had completed the intensive phase of the program were discharged from the facility. Three clients in this group were readmitted due to substance use for a relapse / readmission rate of 30%. When interviewed as to the reasons for their relapse they almost all indicated that they felt they could “get away with it” when the frequency of community drug screens decreased or became frustrated with their living arrangements in the community. This correlates with the earlier study<sup>9</sup> on relapse rates between men and women which found men rationalizing their relapse through a sense of “entitlement”.

## **V. PROGRAM OBJECTIVES FOR FY 2003**

For FY 2003 a limited number of objectives are being considered due to the uncertainty of the staffing pattern within the program within the first part of the next fiscal year. This is due to the expected departure of one staff member during the first quarter with no indication as to if or when he may be replaced

Contingency measures including the following will be implemented at the start of the new fiscal year.

- The Out Trip Option group will be canceled as will both the Ward F and G issues groups. This will affect about 40 clients in Out Trip Option and between 6 to a possible 18 for the two issues groups. These will be reinstated when staffing permits.
- Peer Support group and Phase 2 will be merged into one group and offered on an alternating basis with Phase 1. This change will be made at the start of the trimester so as to avoid needing to make major changes in core programming during an ongoing trimester. This will reduce the number of clients who will be able to begin Phase 1 during the next fiscal year from 24 to 8 unless we are able to begin returning to a normal schedule during the second trimester. If so, we will be able to start 16 clients in Phase 1.
- Plans will continue for establishing another 12-step recovery group most likely using a DRA (Dual Recovery Anonymous) format. As of this time this group will begin no matter what changes take place in other aspects of the program. Due to the staffing uncertainty this will be the only addition to the current schedule.
- Various Options will be explored for replacing the staff member scheduled to leave on Aug. 31, 2002.

## **VI. Summary**

Since its inception in 1994 the Freedom Bound Program has continuously utilized a variety of performance monitoring and improvement techniques to improve meeting the needs of its clients. The continuation of this process with new ideas and techniques during a time of limited resources will most likely continue to be the greatest challenge as we enter the 21<sup>st</sup> century. During the past year major improvements were made in the ability of Freedom Bound to adequately participate in the discharge planning process. Freedom Bound was able to maintain professional contact with educational and affiliated treatment institutions. While some objectives had to be postponed, overall assessment of client outcomes when compared with other programs in the professional literature continue to show a program demonstrating positive results in the rehabilitation process from the co-occurring disorders of serious mental illness and substance abuse or dependency.

## Footnotes

<sup>1</sup> Linhorst, D.M. (1993, February 18). Initial Report of the Substance Abuse Task Force. Presented to Curtis L. Trager, Superintendent (Acting), St. Louis Psychiatric Rehabilitation Center

<sup>2</sup> Linhorst, D.M. (1993, August 3). Report of the Subcommittee on Assessment of Need and Existing Programs. Presented to Ron Dittermore, Chair, Statewide Psychosocial Rehabilitation Committee

<sup>3</sup>Ibid. Page 21

<sup>4</sup>Ibid. Page 21

<sup>5</sup> Linhorst, Initial Report, Page 6

<sup>6</sup>Sacks, Stanley, Ph.D. "Co-occurring Mental and Substance Use Disorders: Promising Approaches and Research Issues"(2000) Substance Use and Misuse, 25, Marcel Decker, Inc. Pages 2062 and 2063

<sup>7</sup>Tonigan, J. Scott, Ph.D. "Benefits of Alcoholics Anonymous Attendance: Replication of Findings Between Clinical Research Sites in Project MATCH" Alcoholism Treatment Quarterly, Vol.19(1) 2001 by the Haworth Press Inc. Page 68

<sup>8</sup>Results from the 2001 National Household Survey on Drug Abuse Vol. 1 Substance Abuse and Mental Health Services Administration pages 71,72

<sup>9</sup>Stocker, Steven "Men and Women in Drug Abuse Treatment Relapse at Different Rates and for Different Reasons" NIDA Notes Vol. 13, No. 4 November 1998

## Contact Information

For additional information regarding the Freedom Bound Dual Diagnosis Program at St. Louis Psychiatric Rehabilitation Center you may contact the following staff members.

David Miller, M.S., Ed.S., LPC  
Team Supervisor  
St Louis Psychiatric Rehabilitation Center  
5300 Arsenal  
St. Louis, MO 63139  
Telephone: (314) 644-7805  
E-mail: [mfmilld@mail.dmh.state.mo.us](mailto:mfmilld@mail.dmh.state.mo.us)

Kathy McEntee M.A.  
Dual Diagnosis Specialist  
St Louis Psychiatric Rehabilitation Center  
5300 Arsenal  
St. Louis, MO 63139  
Telephone: (314) 644-7809  
E-mail: [mfmcenk@mail.dmh.state.mo.us](mailto:mfmcenk@mail.dmh.state.mo.us)

Franca Eilers, RT2  
Dual Diagnosis Specialist  
St Louis Psychiatric Rehabilitation Center  
5300 Arsenal  
St. Louis, MO 63139  
Telephone: (314) 644-7807  
E-mail: [mfeilef@mail.dmh.state.mo.us](mailto:mfeilef@mail.dmh.state.mo.us)